BETHANY HUME			
1226 BERLIN STREET			
WAUPACA 54981 Phone: (715) 258-5521		Ownershi p:	Non-Profit Church Related
Operated from $1/1$ To $12/31$ Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	119	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	119	Average Daily Census:	117
Number of Residents on 12/31/00:	119	o v	
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Services Provided to Non-Residents	ļ	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	24. 4 36. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.7	More Than 4 Years	39. 5
Day Servi ces	No	Mental'Illness (Org./Psy)	38. 7	65 - 74	6. 7		
Respite Care	No	Mental Illness (Other)	12. 6	75 - 84	26. 9		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.3	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	13. 4	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0.8			Nursing Staff per 100 Re	
Home Delivered Meals	Yes	Fractures	1.7		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	3. 4	65 & 0ver	98. 3	(
Transportation	Yes	Cerebrovascul ar	11.8			RNs	10. 2
Referral Service	No	Di abetes	0.8	Sex	%	LPNs	8. 1
Other Services	Yes	Respi ratory	2. 5			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	27. 7	Male	21.8	Aides & Orderlies	45. 5
Mentally Ill	No			Female	78. 2		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)				Other Private P					Pay Managed Care					Percent		
			Per Dier	n		Per Die	m		Per Die	m		Per Dien	1	I	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 2	\$118. 50	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	0. 8%
Skilled Care	5	100.0	\$284. 02	72	84. 7	\$101. 21	0	0.0	\$0.00	29	100.0	\$145.00	0	0.0	\$0.00	106	89. 1%
Intermedi ate				12	14. 1	\$83. 92	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	12	10. 1%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		85	100. 0		0	0.0		29	100.0		0	0.0		119	100.0%

County: Waupaca BETHANY HOME ********

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12	/31/00
beachs builting kepoliting relifou]		%	Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	17. 9	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0. 0	Bathi ng	6. 7		60. 5	32. 8	119
Other Nursing Homes	25. 4	Dressi ng	16. 0		61. 3	22. 7	119
Acute Care Hospitals	50. 7	Transferri ng	27. 7		55. 5	16. 8	119
Psych. HospMR/DD Facilities	0.0	Toilet Use	26. 1		49. 6	24. 4	119
Rehabilitation Hospitals	0. 0	Eati ng	55. 5		32. 8	11. 8	119
Other Locations	6. 0	*******************	********	******	**********	*********	******
Total Number of Admissions	67	Conti nence		%	Special Treat		%
Percent Discharges To:		Indwelling Or Externa		6. 7		Respiratory Care	5. 9
Private Home/No Home Health	40. 6	Occ/Freq. Incontinent		45 . 4		Tracheostomy Care	0. 8
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	21. 8	Recei vi ng S		1. 7
Other Nursing Homes	1.6	_			Receiving (Ostomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng T	Tube Feedi ng	1. 7
Psych. HospMR/DD Facilities	0.0	Physically Restrained		11. 8	Receiving N	Æchanically Altered Diet	s 37.0
Rehabilitation Hospitals	0. 0					•	
Other Locations	1.6	Skin Care			Other Resider	nt Characteristics	
Deaths	56 . 3	With Pressure Sores		2. 5		ce Directives	85 . 7
Total Number of Discharges		With Rashes		5. 9	Medi cati ons		
(Including Deaths)	64				Receiving F	Sychoactive Drugs	50. 4

		Ownershi p:		Bed	Bed Size:		Li censure:		
	Thi s	Nonprofit		100-	- 199	Skilled		Al l	
	Facility	Peer	Peer Group		Group	Peer Group		Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98. 3	92.8	1.06	86. 4	1. 14	87. 0	1. 13	84. 5	1. 16
Current Residents from In-County	80. 7	73. 6	1. 10	79. 8	1.01	69. 3	1. 16	77. 5	1.04
Admissions from In-County, Still Residing	37. 3	26. 8	1. 39	23. 8	1. 57	22. 3	1. 67	21. 5	1.74
Admi ssi ons/Average Daily Census	57. 3	86. 5	0. 66	109. 7	0. 52	104. 1	0. 55	124. 3	0.46
Discharges/Average Daily Census	54. 7	83. 8	0. 65	112. 2	0.49	105. 4	0. 52	126. 1	0.43
Discharges To Private Residence/Average Daily Census	22. 2	28. 3	0. 79	40. 9	0. 54	37. 2	0. 60	49. 9	0. 45
Residents Receiving Skilled Care	89. 9	89 . 0	1. 01	90. 3	1.00	87. 6	1. 03	83. 3	1.08
Residents Aged 65 and Older	98. 3	97. 3	1. 01	93. 9	1.05	93. 4	1. 05	87. 7	1. 12
Title 19 (Médicaid) Funded Residents	71.4	67. 3	1.06	68. 7	1.04	70. 7	1. 01	69. 0	1.04
Private Pay Funded Residents	24. 4	27. 1	0. 90	23. 2	1.05	22. 1	1. 10	22. 6	1.08
Developmentally Disabled Residents	0. 0	0.4	0.00	0. 8	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Residents	51. 3	32.8	1. 56	37. 6	1. 36	37. 4	1. 37	33. 3	1. 54
General Medical Service Residents	27. 7	22. 4	1. 24	22. 2	1. 25	21. 1	1. 31	18. 4	1. 50
Impaired ADL (Mean)	47. 9	49 . 0	0. 98	49. 5	0. 97	47. 0	1.02	49. 4	0. 97
Psychological Problems	50 . 4	46. 3	1.09	47. 0	1.07	49. 6	1.02	50. 1	1.01
Nursing Care Required (Mean)	6. 9	7. 6	0. 91	7. 2	0. 96	7. 0	0. 98	7. 2	0. 97